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PTO/SB/82 (01-06)

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Application Number	09/963,694
Filing Date	Sep. 26, 2001
First Named Inventor	Cheryl M. Tyus
Art Unit	3626
Examiner Name	Porter, Rachel
Attorney Docket Number	MED1

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with
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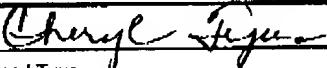
OR

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Cheryl Tyus		
Date	9/13/06	Telephone	(312) 498-6172

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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